

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
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48							
49							
50							
TOTAL IND.	2	1					
TOTAL DEP.	1	1					
TOTAL CLAIMS	2	1					

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
53							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS